Overview/Purpose

The Miami County Family and Children First Council (FCFC) assigned the Service Coordination Liaison Team to revise the Service Coordination Plan for Miami County in May 2014. Individuals from the following agencies were involved in the revisions: Miami County Family and Children First Council Program Coordinator, Tri-County Board of Recovery and Mental Health Services, Miami County Juvenile Court, Miami County Board of Developmental Disabilities, Miami County Recovery Council, The Mental Health Clinic and a parent representative. A draft of the revise Miami County Service Coordination Plan was presented to the Council for discussion and was approved in June. A second and final draft was again presented to the council with additional information, which was discussed and approved in August 2014.

Miami County Family and Children First Council applies the knowledge and experience of families and professional helpers towards the development of family-friendly and cost effective health, human and social services. Service coordination has driven development of arrays of coordinated care options previously non-existent. Service integration efforts considered impossible in the past have been implemented. Service coordination has promoted cross-agency services by linking children in one system’s care to other systems as well as to informal local supports. In addition, Council-driven service coordination has united service providers without dismantling systems. Information is shared while also assuring the confidentiality of child and family.

The purpose of this plan is intended to assist in coordinating services to abused, neglected, dependent, at-risk to be unruly, adjudicated unruly, or adjudicated delinquent children and their families who are in need of or eligible for services from community serving agencies. The plan also provides for services with non-behavioral health needs such as those who are medically fragile.

Coordination Across Systems

The FCFC will take a leadership role in providing a venue for the facilitation of any needed coordination efforts that may arise.

Current Community Agency Services

- The Wellness Center/Mental Health Clinic-Miami County site: Home based therapy services, Child/adult community support, Education groups, Outpatient individual and group therapy services, Crisis services, Pharmacological services, Intensive Home Based Treatment (IHBT).
- Health Departments: WIC, Well Child, Immunizations, Car seat education, Prenatal services.
• Juvenile Court: Probation, Diversion, West Central Juvenile Detention Center, David L Brown Youth Center, Day Treatment Services, West Central Rehab Center, Community Services
• Board of DD: Specialized services for infants and toddlers with disabilities, educational services and service coordination for preschoolers with disabilities, recreation, enrichment activities and services coordination for school age children with disabilities, family to family connections for parents whose child has a disability.
• Department of Youth Services: Parole services
• Head Start: Head Start Center-based, Head Start Home-based, Head Start for infants/toddlers and pregnant women.
• Help Me Grow: Birth to three services, Case management services, Family support services.
• Miami County Schools: Severely Behavior Handicapped (SBH) School program, Opportunity School program, Occupational therapy services, Psychological services, Speech/language pathologist services, Developmentally Handicapped/Learning Disabled services, Preschool classes and services, Hearing-impaired services, Severe Emotionally Disturbed classes, Multiple Disabilities classes, Social Worker program.
• Ohio State University Extension: Family Nutrition Program, Classes in parenting, budgeting, child development and nutrition, 4-H clubs.
• Miami County Recovery Council: Individual, Group and Family Counseling for Alcohol and Drug Addiction, Prevention Services

Target Population

• Youth who are identified as abused, neglected, dependent, at-risk to be unruly, adjudicated unruly, adjudicated delinquent, or at-risk of abuse, neglect or dependency, as well as children with non-behavioral health needs such as those who are medically fragile. An at-risk to be unruly youth is defined as a youth whose negative behaviors may result in repeated contacts with law enforcement or school officials and may warrant services intervention prior to formal Juvenile Court action.
• Youth and family who are residents of Miami County
• Youth ages 0-21
• Youth and family must have multi-systemic needs
• Youth who are at risk for or who have developmental delays and/or disabilities.

Service Coordination Mechanism Awareness/Education

All Council members was provided a copy of the Service Coordination Plan. The plan will also be provided to any community agency or individual who requests a copy. The FCFC Coordinator will do presentations to any community agencies or individuals who request a presentation on service coordination.

Procedures for Accessing and Assessing the Needs of the Child and Family

The Miami County Service Coordination Program is the first step in accessing and assessing services and interventions for all multiple-need youth as defined by the target population. Service Coordination Liaisons will be responsible for assessing referred families with children who may have multi-systemic needs.
Service Coordination Program (see ORC 121:37 section(C))

- (C)(1) A referral may be made by a family seeking services or by any child-serving agency. A copy of the referral form is attached to this plan as “Addendum A.” As part of the referral process, a Service Coordination Liaison may be assigned to begin the initial assessment with the family in the location of their choice.

- (C)(2) The family can contact the Service Coordination Liaison at any time to request a meeting or to review the family’s service coordination plan. The family is free to invite individuals of their choice to attend the meeting.

- (C)(3) Need for More Restrictive Interventions: Miami County is committed to utilizing services within the family’s community, as the least restrictive environment most likely to result in successful intervention, as the first choice in meeting a family’s needs. This will assure that all alternatives to out-of-home placement have been exhausted before consideration of placement. To this end, Miami County requires that the Service Coordination Liaison Team hold its initial meeting as described above before any non-emergency out-of-home placement is made.
  - Non-emergency placement requests: For families who have been utilizing Service Coordination but whose situations are still unstable and posing such risk to themselves or the community that an agency (usually Children Services and/or Juvenile Court) is considering a placement in a more restrictive setting, a Placement Review meeting of the team may be called to look at alternatives for more intensive services. At this meeting, a thorough review of all services already utilized will be made, as well as, recommendations for additional community-based services or a reconfiguration of current services so that the family’s needs might yet be made within the community. If no sound alternatives to placement can be identified, the family team may decide to support a placement outside the community. If the family team supports a decision to look for placement for the child, documentation of this meeting is forwarded to Juvenile Court and Children’s Services, to assist in identifying a placement for the child. The youth’s case will remain open if the youth is in placement for 30 days or less. We also keep the case open if there are other children in the home. If a youth goes into placement for longer than 30 days then the case is held and re-activated when they return home to start services up again. The service coordination liaison will reassess the family for needed resources, referrals and services. The service coordination liaison and program coordinator monitor the progress of the placement to make sure that the community agencies are ready for the youth when the youth returns home. Because this is a family driven service, families may choose to terminate service coordination at any time including when they feel that they are stable enough and have reached success in their service coordination plan.
  - Process for shared funding requests: The agencies serving the family and the referring agency requesting the placement will consult with each other to determine placement funding.

- (C)(4) The Council Program Coordinator will track the number of families served, the length of stay in service coordination, the discharge status of closed families, the number of out-of-home placements, the number of disputes filed, and the services that were utilized. These outcomes will be reported monthly to the FCFC Executive Committee at the scheduled FCFC meetings. Upon request, the service coordination data available to the county will be provided to the state for purpose of evaluation.
(C)(5) Release of Information and Client Confidentiality: Miami County recognizes and values the importance of protecting client confidentiality. A “Release of Information” form has been developed in accordance with federal regulations and is used to ensure client rights are appropriately met. A copy of the Release of Information form is attached to this plan as “Addendum B.” In addition, all providers who have access to private health information observe all state and federal regulations for confidentiality as provided for by HIPAA. All of the information contained in the family service coordination plan or shared during child and family team meetings will remain confidential, unless disclosure is required by law.

(C)(6) Miami County recognizes the importance of utilizing strengths-based, holistic assessment tools that will enable informed determinations to be made regarding whether mental health, developmental disabilities, child protection, substance abuse, early intervention, health, or educational services would be beneficial for the child and family. Family strengths and needs are first identified on the referral form and at the initial meeting between the Service Coordination Liaison and the family. As a part of regular meetings strengths and needs will be reviewed and documented. The individual service coordination plan will be updated accordingly.

(C)(7) An Individual Service Coordination Plan is developed based on the referral information strengths, needs and culture preferences, and through the Child and Family Team meetings. At the close of the meeting, all team members including the family sign off on the plan. Services are implemented and regularly reviewed every 120 days by the family team or as needed, until services are successfully completed or terminated for some other reason. The family is expected and encouraged to participate in the meetings. A copy of the Individual Service Plan is attached to this plan as “Addendum D.” A copy of the Individual Service Plan Review is attached to this plan as “Addendum E”. A termination form will also be required when a family is terminating services. A copy of the Termination Form is attached to this plan as “Addendum F”.

Dispute Resolution Process (see ORC 127:37 (C)(8)

Dispute resolution is an important component of any service delivery system. Although agencies and professionals are committed to meeting the needs of the child and/or family there are times when all participants will not agree on a plan. There are three types of situations where a conflict may arise, including:

- The child and family are in disagreement with one agency;
- One agency is in disagreement with another agency or Council concerning services or funding;
- The child and family are in disagreement with their service coordination plan.

Families will be made aware of the dispute resolution process at the initial point of contact through the referral packet. Parents will sign a form that the dispute resolution process and dispute form has been given to them.

The FCFC Coordinator’s role in the dispute resolution process will be that of a mediator. Once a dispute has been filed with the Council Coordinator, the following will apply:

- Services will not be denied to families and children who file a dispute.
- The level of services a family and children are receiving at the time the dispute is filed will continue throughout the resolution process.
• The family is encouraged to seek advocacy support. If the family already has a parent advocate, they may contact that person. Otherwise their family may contact either the Service Coordination Liaison or the FCFC Coordinator for assistance in obtaining an advocate.

Disputes Regarding Child/Family to Agency

Each agency providing services to a child/family will notify the child/family of their rights and procedures for filing a dispute with the agency. Disputes of this nature will be handled according to that agency’s policy.

Disputes Regarding Agency to Agency

An agency represented on the Council that disagrees with the service coordination decision concerning the services or funding for services that a child is to receive from that agency may initiate the dispute resolution process. (ORC 121.38)

1. The dispute shall be filed with the Council Coordinator within fourteen (14) working days. The Council Coordinator shall call a meeting of the involved agencies and shall work toward a resolution of the issues. Within five (5) days following the meeting, the Council Coordinator will issue a written response to the involved agencies based upon the outcome of the meeting.

2. If a resolution is not agreed upon by the agencies or the Council Coordinator feels the severity of the issues call for additional mediation, the Council Coordinator will be charged with assembling the Dispute Resolution Committee (members of the Council Executive Committee) for the purpose of resolving the dispute. The Dispute Resolution Committee will meet within twenty-one (21) working days from the time the dispute is filed with the Dispute Resolution Committee. Within fourteen (14) days following the meeting, the Council Coordinator will issue a written determination based on the outcomes of the Dispute Resolution Committee meeting that directs on or more agencies represented to provide services to the child. This determination shall include a plan of care governing the manner in which services or funding are to be provided. The Council Coordinator shall base the plan on the family service coordination plan developed as part of the service coordination process and on evidence presented during the process.

3. An agency subject to a determination issued by the dispute resolution process shall comply with the determination, unless the agency objects by doing one of the following not later than seven (7) days after the written determination is issued:
   a. If the child has been alleged or adjudicated to be an abused, neglected, dependent, unruly or delinquent child or a juvenile traffic offender, the agency may file in Juvenile Court a motion in the child’s case requesting the court hold a hearing to determine which agencies are to provide services or funding for the child.
   b. If the child is not subject to the above description, the agency may file a complaint in Juvenile Court objecting to the determination.

The Court shall hold a hearing as soon as possible, but no later than ninety (90) days after the motion or complaint is filed. The hearing shall be limited to a determination of which agencies are to provide services or funding for services to the child and shall issue an order detailing the plan of care governing the manner in which services or funding are to be provided. The Juvenile Court Judge will be the final arbiter in this process.
Disputes Regarding Child/Family to Service Coordination Plan

A non-emergent dispute will be defined as a dispute that does not require an immediate response due to the safety or well-being of the child(ren).

1. The Council Coordinator will attempt to resolve the situation as soon as possible and no later than fourteen (14) working days after the dispute is filed with the Council Coordinator. Depending on the severity of the dispute, the Council Coordinator may attempt to resolve the issues by acting as a liaison between the disputing parties. Within fourteen (14) days, the Council Coordinator will issue a written response to the family.

2. If a resolution is not agreed upon by the family or the Council Coordinator feels the severity of the issues call for additional mediation, the Council Coordinator will be charged with assembling the Dispute Resolution Committee (members of the Council Executive Committee) for the purpose of resolving the dispute. The Dispute Resolution Committee will meet within twenty-one (21) working days from the time the dispute is filed with the Dispute Resolution Committee. The Council Coordinator will obtain and provide to all parties all available documentation related to the dispute, and will notify all parties of the time and place of the meeting to resolve the conflict. The Council Coordinator will issue a written determination that includes a plan of care within fourteen (14) days following the Dispute Resolution Committee meeting.

3. If the family remains unsatisfied with the outcome reached by the Dispute Resolution Committee, the family has seven (7) working days to file for a review by the Juvenile Court Judge. The FCFC Coordinator and Service Coordination Liaison will submit records from the service coordination process, including assessment and treatment information to the Judge for review. The Juvenile Court Judge will issue a binding resolution.

Emergency Dispute Resolution Process Between Child/Family to Their Service Coordination Plan

An emergent dispute will be defined as a dispute that requires an immediate response due to the safety or well-being of the child(ren).

1. The Council Coordinator will attempt to resolve the situation as soon as possible and no later than three (3) working days after the dispute is filed with the Council Coordinator. Depending on the severity of the dispute, the Council Coordinator may attempt to resolve the issues by acting as a liaison between the disputing parties. Within the three (3) days, the Council Coordinator will issue a written response to the family.

2. If a resolution is not agreed upon by the family or the Council Coordinator feels the severity of the issues call for additional mediation, the Council Coordinator will be charged with assembling the Dispute Resolution Committee (members of the Council Executive Committee) for the purpose of resolving the dispute. The Dispute Resolution Committee will meet within five (5) working days from the time the dispute is filed with the Dispute Resolution Committee. The Council Coordinator will obtain and provide to all parties all available documentation related to the dispute, and will notify all parties of the time and place of the meeting to resolve the conflict. The Council Coordinator will issue a written determination that includes a plan of care within five (5) working days following the dispute Resolution Committee meeting.

3. If the family remains unsatisfied with the outcome reached by the Dispute Resolution Committee, the family has seven (7) working days to file for a review by the Juvenile Court Judge.
Judge. The FCFC Coordinator and Service Coordination Liaison will submit records from the service coordination process, including assessment and treatment information to the Judge for review. The Juvenile Court Judge will issue a binding resolution.

For disputes regarding services or funding related to children involved in the Miami County Help Me Grow Program, the Miami County Help Me Grow Dispute Resolution Policy will be followed. All Miami County Help Me Grow program clients are provided a written copy of this process at the time of the first home visit.

- (D)(1) The Service Coordination Liaison will meet with the family to identify community agency members that the family would like to invite to their team meetings. At the meetings, the Service Coordinator Liaison will record in the family service coordination plan which agency/individual will be responsible for providing appropriate services and support responsibilities as agreed upon by the family and child and family team.

- (D)(2) The Service Coordination Liaison or other individual approved by the family, will be designated as the lead service coordinator and will track the progress of the family service plan, schedule reviews as necessary, and facilitate the family service coordination plan meeting process.

- (D)(3) The Service Coordination Liaison will ensure that assistance and services provided are responsive to the strengths and needs of the family, as well as the family’s culture, race, and ethnic group, by allowing the family to offer information and suggestions and participate in decisions. Services and supports will be delivered in the least restrictive environment possible. Furthermore, Miami County recognizes and values the principles of human diversity. In response to ever-changing community demographics, we strive to reach out to and accommodate the individualized needs of children and families living in Miami County. Discrimination based on race, creed, religion, color, national origin, gender, sexual orientation, disability or political affiliation is prohibited.

- (D)(4) The Juvenile Court Diversion Program serves youth who have been formally cited as unruly children or cited with minor criminal offenses. Common examples of unruly (non-criminal) offenses include school truancy, running away, curfew and violating the rules set by their parents and school officials. The program focuses on the accountability from both the youth and family. These youth and their parents are offered services which may include parent and child education and referral to other agency services as an alternative to appearing in court. When families complete the program, the original citation or complaint is “vacated” and no formal record is maintained by the Court.

  o Accessing the Juvenile Court Diversion Program

  - A parent, police department, school official or anyone else having knowledge of an alleged unruly child may file a complaint with the county prosecutor.
  - If the complaint is approved by the prosecutor it is sent to the Juvenile Court.
  - A probation officer will review the complaint. If the complaint and the child’s court history meet court criteria, the case is referred for diversion services.
  - The child and parent/custodian are contracted and advised that their situation may be eligible for the Court Diversion Program. If the child wishes to deny the allegation or if the child and parent/custodian do not wish to participate in the diversion program, the complaint is sent to the Juvenile Clerk’s office for formal filing.
  - If the child and parent/custodian agree to diversion services, a meeting is scheduled with a probation officer within fourteen (14) days. The child and parent/custodian and probation officer develop a behavior contract and/or service delivery plan.
The behavior contract and/or service delivery plan is monitored to review progress towards completion and to make any needed amendments to the plan.

- If the behavioral contract and/or service delivery plan is successfully completed, the charge is vacated.
- If the behavioral contract and/or service delivery plan is unsuccessful, the charge is given to the Juvenile Clerk’s office for formal filing.

- (D)(5) At the child and family team meeting, the Service Coordination Liaison will help the family identify a timeline for completion of the family’s goals that are specified in the plan. The goals will be reviewed and progress monitored at each subsequent child and family team meeting.
- (D)(6) The Service Coordination Liaison along with the invited community agency members will assist the family in developing a plan for dealing with short-term crisis situations and safety concerns. This will ensure that the team will be prepared to respond appropriately and immediately in the event there is a crisis or safety concern. A copy of the Crisis/Safety Plan form is attached to this plan as “Addendum G.”

**Fiscal Strategies**

Miami County utilizes a collaborative multi-agency process as the model for service coordination in the county. The primary source of funding for service coordination is the Family Centered Services and Supports (FCSS) dollars. Funding for services contained in family service coordination plans is determined using a variety of sources. These may include private sources, such as the family’s health insurance, public sources, such as Medicaid (if the family is eligible), Kinship Permanency Incentive (KPI) funds (if the family is eligible), PRC/Title XX/TANF funds (if the family is eligible), Board of DD Critical Needs Funding (CNF) (if the family is eligible), and Family Centered Services and Supports (FCSS) funds. In some instances, involved agencies may collaborate to share funds to pay for a particular service. A copy of the FCSS funding request form is attached to this plan as “Addendum H”.

**Quality Assurance**

Miami County Family and Children First Council values continuous quality improvement in all its policies and procedures. (See section (C)(4) of this document for outcome measures that are tracked for quality assurance purposes). Accordingly, this Service Coordination Plan is scheduled for review on an annual basis by members of the Family and Children First Council Executive Committee, with additional reviews and revisions performed whenever circumstances within the county warrant. The Plan is available in hard copy upon request to the Coordinator of the Miami County Family and Children First Council, and is made available to families, agency personnel, and members of the community via the Miami County Family and Children First Council website.
SOCIAL SERVICE OPERATIONAL DEFINITIONS

ADVOCATE: a person or persons who represents the interest of the family and/or the child.

COUNCIL CONFIDENTIAL RELEASE OF INFORMATION FORM: a specific release of information used by Council programs.

COUNCIL COORDINATOR: the person responsible for coordinating Council activities.

DISPUTE RESOLUTION COMMITTEE: committee to review Council program disputes. Members are drawn from Executive Committee members who are not involved in the dispute.

FAMILY SERVICE COORDINATION PLAN: a plan developed by the child and family team to be used by all involved agencies to assure services to the family and youth are delivered in all understandable and timely manner.

MIAMI COUNTY FAMILY AND CHILDREN FIRST COUNCIL: a group consisting of child and family serving agencies, parents, and community members who are dedicated to creating a community based and focused system that nurtures and strengthens positive outcomes for the children and families served.

SERVICE COORDINATION LIAISON: the person responsible for facilitating child and family teams in accordance with the Service Coordination Program.

SERVICE COORDINATION LIAISON TEAM MEETINGS: parents, guardians, kinship family, foster parents, agency representatives, school district personnel, parent advocates, and supportive persons as identified by the family who work in collaboration to identify services and formulate family service coordination plans.

SERVICE COORDINATION PROGRAM: a Council program which is designed to support residents of Miami County who have multiple unmet service needs that may eventually lead to placement of youth.
MIAMI COUNTY
SERVICE COORDINATION

To make a referral for Service Coordination:
1. Complete the referral packet.
2. Be sure to have the parent/guardian sign the release of information.
3. Include the most recent assessments, IEP's, or evaluations.
4. Mail, Fax or Email all of the information to:
   Family and Children First Council
   ATTN: Kim McGuirk
   1100 Wayne St. Suite 400
   Troy, Ohio 45373
   Phone(937)335-7727 Ext. 203
   Fax: (937) 335-8816
   Email: mcguirkk@mdsadamhs.mh.state.oh.us

What if I have any other questions about the referral process?

Contact: Kim McGuirk
   Miami County FCFC Coordinator
   1100 Wayne St. Suite 400
   Troy, Ohio 45373
   Phone(937)335-7727 Ext. 203
   Fax: (937) 335-8816
   Email: mcguirkk@mdsadamhs.mh.state.oh.us
Service Coordination is an initiative of the Miami County FCFC
Miami County Family and Children First Council
Service Coordination Services

Parent/Legal Guardian Authorization to Share Information for Collaborative Planning

_______________________________
Parent/Guardian Name

authorizes the providers listed below to share relevant information with the Miami County Service Coordination Team. This collaboration of service providers works with the referred family to coordinate services to help meet the needs of that family. Sharing relevant information provides a useful tool to help the family develop a comprehensive Family Service Plan.

Miami County Dept. of Job and Family Services
Miami County Recovery Council

Miami County Educational Service Center
Council on Rural Services/Gateway Youth Programs

Miami County Health District
Tri-County Board of Recovery and Mental Health Services

Miami County Juvenile Court
Miami County Family and Children First Council

Recovery & Wellness Centers of Midwest Ohio
Miami County Children’s Services Board

Miami County Board of DD (Riverside)
Parent Advocacy Connection (PAC)

Other Providers To Be Included in this Shared Release:

Miami County Help Me Grow

Local School District: ____________

I understand that this information will be released only to the above named providers. I understand that this release will cover all family members listed on this release. Any information released during the service coordination process will not be re-released. I understand service coordination records are protected by state and/or federal confidentiality regulations. Service coordination records will not be disclosed or released without written consent of the parent/legal guardian. All federal, state, and local privacy laws apply to any records created by, or received by any of the listed service providers except as permitted by the terms of the release. Any records produced through the service coordination process are the property of the Miami County Family and Children First Council and are subject to all federal, state, and local privacy laws. I may revoke this signed consent to share information at any time. This signed consent to share information expires 365 days after the date below.

PRINT CLIENT’S FULL NAME
DATE OF BIRTH

List Any Other Family Members Included In This Release:

NAME
DATE OF BIRTH

NAME
DATE OF BIRTH

MY SIGNATURE BELOW AUTHORIZES THE RELEASE OF ALL INFORMATION. I HAVE READ THE REQUIREMENTS OUTLINED IN THIS FORM.

_______________________________
PARENT/LEGAL GUARDIAN
DATE

_______________________________
PARENT/LEGAL GUARDIAN
DATE

_______________________________
WITNESS
DATE

REVOKED

_______________________________
PARENT/LEGAL GUARDIAN
DATE

_______________________________
WITNESS
DATE
# Miami County Service Coordination Referral Packet

## SECTION I: REFERRAL INFORMATION

<table>
<thead>
<tr>
<th>Date of Referral: __________________________</th>
<th>Name of person making referral: ______________________________________</th>
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<tbody>
<tr>
<td></td>
<td>Agency/Relationship to Child: ____________________________________</td>
</tr>
<tr>
<td></td>
<td>Address: _________________________________________________________</td>
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<tr>
<td></td>
<td>Phone Number: __________________________________________________</td>
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</tbody>
</table>

## SECTION II: YOUTH DEMOGRAPHICS / FAMILY INFORMATION

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle:</th>
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<tbody>
<tr>
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<p>| Date of Birth: __________________________________ | Age: __________ |</p>
<table>
<thead>
<tr>
<th>Gender: ☐ Male ☐ Female</th>
<th>Race/Ethnicity: __________________________</th>
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<tbody>
<tr>
<td>School District of Residence: __________________</td>
<td>School District of Attendance: ________</td>
</tr>
<tr>
<td>Custodian/Guardian Name &amp; Relationship: __________</td>
<td>Custodian/Guardian Address: __________</td>
</tr>
<tr>
<td>Custodian/Guardian Phone Number: __________________</td>
<td>Parent/Guardian Phone Number: __________</td>
</tr>
</tbody>
</table>

| Placement Type: __________________________________ | Youth’s Address: __________________ |
| Placement Contact Person: ________________________ | Youth’s Phone Number: __________ |
| Placement Contact’s Phone Number: __________ | Placement Contact Email: ______________ |

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<thead>
<tr>
<th>Other Household Members: __________________________</th>
<th>Relationship: __________</th>
<th>DOB: __________</th>
<th>Age: __________</th>
<th>School: __________</th>
<th>Grade: __________</th>
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**INFORMAL SUPPORTS (Family, Friends, Church, Clubs, Organizations, Etc.)**

Would family like to have a family advocate be involved? ☐ Yes ☐ No

(A family advocate can be a family member, friend or support person who can be a member of the service coordination planning.)

<table>
<thead>
<tr>
<th>Name: __________________</th>
<th>Nature of Relationship: __________</th>
<th>Agency/Organization (if applicable): __________</th>
<th>Phone Number: __________</th>
<th>Family Members Involved: __________</th>
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### SECTION III: FORMAL/TRADITIONAL SYSTEMS

**Current Youth Involvement:**

<table>
<thead>
<tr>
<th></th>
<th>□ Juvenile Court</th>
<th>□ Mental Health Clinic—Troy</th>
<th>□ Health Department</th>
<th>□ Other</th>
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<tbody>
<tr>
<td></td>
<td>□ Children’s Services</td>
<td>□ MCRC</td>
<td>□ Help Me Grow</td>
<td>□ Other</td>
</tr>
<tr>
<td></td>
<td>□ Dept. of Youth Services</td>
<td>□ Other Mental Health Agency</td>
<td>□ Head Start</td>
<td>□</td>
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<tr>
<td></td>
<td>□ Job and Family Services</td>
<td>□ Psych Hospitalization</td>
<td>□ IEP</td>
<td>□</td>
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<td></td>
<td>□ Board of DD</td>
<td>□ Alt School</td>
<td>□ SSI</td>
<td>□</td>
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### SECTION IV: PRESENTING NEEDS

**Presenting Issue:**

<table>
<thead>
<tr>
<th>How long has it occurred?</th>
<th>0-3 Months</th>
<th>4-6 Months</th>
<th>7-9 Months</th>
<th>10-12 Months</th>
<th>Over a year</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th></th>
<th>0-3 Months</th>
<th>4-6 Months</th>
<th>7-9 Months</th>
<th>10-12 Months</th>
<th>Over a year</th>
</tr>
</thead>
</table>

**What Community Resources have been used:**

- [ ] Mental Health Counseling
- [ ] Childcare
- [ ] Juvenile Court
- [ ] Respite
- [ ] Parenting Classes
- [ ] School Intervention
- [ ] Other:___________________________________________

**Family would like the following goal(s) for Service Coordination:**

- [ ] Family Stability/stay intact
- [ ] Increase positive parent/child relationship
- [ ] Family Reunification
- [ ] Gain positive school behavior
- [ ] Decrease acts of unruliness/delinquency
- [ ] Decrease risks of abuse or neglect
- [ ] Other:___________________________________________
### Family’s Strengths:
- [ ] Good Communication
- [ ] Dedication to succeed
- [ ] Caring
- [ ] Parents unified in family goals
- [ ] Open for assistance
- [ ] Good outside support system
- [ ] Other: ___________________________________________________________________

### Youth’s Strengths:
- [ ] Close family relationships
- [ ] Active in afterschool activities
- [ ] Shows initiative
- [ ] Positive school performance
- [ ] Open for help/assistance
- [ ] Good outside support system
- [ ] Other: ___________________________________________________________________

### SECTION IV: INTAKE NEEDS & CHALLENGES

<table>
<thead>
<tr>
<th>Mental Health</th>
<th>Poverty</th>
<th>Special Education Programming</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmental Disability</td>
<td>Unruly Behavior</td>
<td>Child Neglect</td>
</tr>
<tr>
<td>No Primary Care Physician - Would family like information on family doctors in the area?</td>
<td>Physical Health Issues</td>
<td>Child Abuse</td>
</tr>
</tbody>
</table>

- [ ] Delinquent
- [ ] Alcohol/Drug Issues
- [ ] Is family involved with Help Me Grow?

- [ ] Does the youth have a diagnosis of Autism Spectrum Disorder?
- [ ] Other: ___________________________________________________________________
Service Coordination is an initiative of the Miami County FCFC

Miami County Family and Children First Council
Service Coordination Services

Parent/Legal Guardian Authorization to Share Information for Collaborative Planning

Parent/Guardian Name authorizes the providers listed below to share relevant information with the Miami County Service Coordination Team. This collaboration of service providers works with the referred family to coordinate services to help meet the needs of that family. Sharing relevant information provides a useful tool to help the family develop a comprehensive Family Service Plan.

Miami County Dept. of Job and Family Services
Miami County Educational Service Center
Miami County Health District
Miami County Juvenile Court
Recovery & Wellness Centers of Midwest Ohio
Miami County Board of DD (Riverside)
Other Providers To Be Included in this Shared Release:

Miami County Recovery Council
Council on Rural Services/Gateway Youth Programs
Tri-County Board of Recovery and Mental Health Services
Miami County Family and Children First Council
Miami County Children’s Services Board
Parent Advocacy Connection (PAC)
Miami County Help Me Grow

Local School District: __________________________

I understand that this information will be released only to the above named providers. I understand that this release will cover all family members listed on this release. Any information released during the service coordination process will not be re-released. I understand service coordination records are protected by state and/or federal confidentiality regulations. Service coordination records will not be disclosed or released without written consent of the parent/legal guardian. All federal, state, and local privacy laws apply to any records created by, or received by any of the listed service providers except as permitted by the terms of the release. Any records produced through the service coordination process are the property of the Miami County Family and Children First Council and are subject to all federal, state, and local privacy laws. I may revoke this signed consent to share information at any time. This signed consent to share information expires 365 days after the date below.

PRINT CLIENT’S FULL NAME __________________________ DATE OF BIRTH __________________________

List Any Other Family Members Included in This Release:

_____________________________ DATE OF BIRTH ________________________________

_____________________________ DATE OF BIRTH ________________________________

MY SIGNATURE BELOW AUTHORIZES THE RELEASE OF ALL INFORMATION. I HAVE READ THE REQUIREMENTS OUTLINED IN THIS FORM.

_____________________________ DATE ________________________________

_____________________________ DATE ________________________________

REVOKED

_____________________________ DATE ________________________________

_____________________________ DATE ________________________________

TRUE PHOTOCOPY HERE OF MAY BE CONSIDERED AS AN ORIGINAL
## Service Coordination Plan

<table>
<thead>
<tr>
<th>Youth Name:</th>
<th>Date:</th>
</tr>
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<tbody>
<tr>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Parent/Guardian:</th>
<th>Referral Agency:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Long Term Family Goal:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family Strengths:</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>

Crisis Plan Attached?  Yes  No

### Current Family Involvement:

<table>
<thead>
<tr>
<th>Service Access</th>
<th>Service Access</th>
<th>Service Access</th>
<th>Service Access</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</tbody>
</table>

- **Juvenile Court**
- **Mental Health Clinic—Troy**
- **Health Department**
- **Other**

- **Children’s Services**
- **MCRC**
- **Help Me Grow**
- **Other**

- **Dept. of Youth Services**
- **Other Mental Health Agency**
- **Head Start**
- **Other**

- **Job and Family Services**
- **Psych Hospitalization**
- **IEP**
- **Other**

- **Board of DD**
- **Alt School**
- **SSI**
- **Other**

### Short Term Goals:

**Short Term Goal #1:**

**Action Plan** (Who, what, when. Consider potential barriers)

### Ways to Monitor Results:  Resources Needed:

<p>| | |</p>
<table>
<thead>
<tr>
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<th></th>
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<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

17
Short Term Goal #2:

Action Plan  (Who, what, when.  Consider potential barriers)

<table>
<thead>
<tr>
<th>Ways to Monitor Results:</th>
<th>Resources Needed:</th>
</tr>
</thead>
</table>

Short Term Goal #3:

Action Plan  (Who, what, when.  Consider potential barriers)

<table>
<thead>
<tr>
<th>Ways to Monitor Results:</th>
<th>Resources Needed:</th>
</tr>
</thead>
</table>

*If additional goals are needed please add to back of page.

Parent Signature:_____________________________  Date: ____________

Parent Signature:_____________________________  Date: ____________

Youth/Child Signature: _________________________  Date: ____________

Service Coordinator Signature:__________________________  Date: ____________
Service Coordination Plan
Update

<table>
<thead>
<tr>
<th>Family Name:</th>
<th>Youth Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian:</td>
<td>Date of Review:</td>
</tr>
</tbody>
</table>

New Agencies involved?:
<table>
<thead>
<tr>
<th>Agency</th>
<th>Team Member</th>
<th>Service</th>
</tr>
</thead>
</table>

Update on goals:

Short Term Goal #1:

Current status:
- [ ] No progress
- [ ] Some progress
- [ ] Met Goal

Next step:

Short Term Goal #2:

Current status:
- [ ] No progress
- [ ] Some progress
- [ ] Met Goal

Next step:
**Short Term Goal #3:**

**Current status:**
- [ ] No progress
- [ ] Some progress
- [ ] Met Goal

**Next step:**

**New Goals to work on?:**

<table>
<thead>
<tr>
<th>Short Term Goal #1:</th>
<th>Strengths:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action Plan:</td>
<td></td>
</tr>
<tr>
<td>Barriers:</td>
<td>Resources needed:</td>
</tr>
</tbody>
</table>

**I assisted with the creation of and agree with the contents of this plan:**

<table>
<thead>
<tr>
<th>Client:</th>
<th>X ___________________________ Date: __________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian:</td>
<td>X ___________________________ Date: __________</td>
</tr>
<tr>
<td>Worker:</td>
<td>X ___________________________ Date: __________</td>
</tr>
</tbody>
</table>
Service Coordination Termination

<table>
<thead>
<tr>
<th>Youth Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian:</td>
<td>Agency/Liaison:</td>
</tr>
</tbody>
</table>

Reason for termination:

- ☐ Youth/Family decided to end services with program success
- ☐ Youth/Family moved out of county
- ☐ Youth/Family placed out of the home
- ☐ Youth/Family decided to end services without program success
- ☐ Other: ________________________________

Goals Reached:

- ☐ Family completed less than 75% of their goals
- ☐ Family completed 75% to 99% of their goals
- ☐ Family completed 100% of their goals

I assisted with the creation of and agree with termination of Service Coordination:

Client: ____________________________ Date: __________

Parent/Guardian: ____________________________ Date: __________

Liaison: ____________________________ Date: __________

If family is unable to sign this form please explain why here:
Crisis/Safety Plan

When this happens: (name and action/thought)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What is your plan?

___________________________is to:

1) _______________________________________________________________________

2) _______________________________________________________________________

3) _______________________________________________________________________

4) _______________________________________________________________________

5) _______________________________________________________________________

___________________________is to:

1) _______________________________________________________________________

2) _______________________________________________________________________

3) _______________________________________________________________________

4) _______________________________________________________________________

5) _______________________________________________________________________

If this does not work, follow the phone tree:

1) _______________________________________________________________________

2) _______________________________________________________________________

3) _______________________________________________________________________
I assisted with the creation of and agree with the contents of this plan:

Client: X _______________________________ Date: ________

Parent/Guardian X ____________________________ Date: ________

Worker X ________________________________ Date: ________
# Funding Request

<table>
<thead>
<tr>
<th>Family Name:</th>
<th>Date of Request:</th>
</tr>
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<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Child Name:</th>
<th>Child DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Service Coordination Liaison:</th>
<th>Agency:</th>
</tr>
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<tbody>
<tr>
<td></td>
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</table>

The funding request needs to match the identified goal in the Service Coordination Plan.

<table>
<thead>
<tr>
<th>Identified unmet need:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of request (dates, times, costs, etc):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Other services/resources exhausted:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency’s Involved with Youth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miami County Juvenile Court</td>
</tr>
<tr>
<td>Miami County Children’s Services</td>
</tr>
<tr>
<td>Community Mental Health Agency</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Estimated cost of service:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Vendor Payment Information (make check payable to):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Notes:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FCFC Coordinator Approval:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________________________</td>
<td>______</td>
</tr>
</tbody>
</table>
